

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

UNITED STATES vs. THOMAS RYKESFOR N.D. OF ILLINOIS
F I L E D

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

NOV 13 2007

CHARGE/OFFENSE (describe if applicable & check box →) MisdemeanorMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

21 USC § 841, 842

Defendant - Adult
 Defendant - Juvenile
 Appellant
 Probation Violator
 Parole Violator
 Habeas Petitioner
 2255 Petitioner
 Material Witness
 Other (Specify) _____

DOCKET NUMBERS

Magistrate OTCR 745District Court OTCR 745Court of Appeals OTCR 745

RECEIVED

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	MAGISTRATE JUDGE NAN R. NOLAN UNITED STATES DISTRICT COURT	
	Name and address of employer: _____		
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
ASSETS	IF YES, how much does your Spouse earn per month? \$ _____		
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROPERTIES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ RECEIVED & IDENTIFY \$ _____ THE SOURCES _____	RECEIVED _____ SOURCES _____	
	CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them	
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors		Total Debt	Monthly Payt.
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<u>LATRICE SMITH</u> \$ <u>53,487.18</u>		\$ <u>100*</u>	
		<u>ROBERT</u> \$ <u>800.00</u>		\$ <u>0</u>	
		\$ <u>0</u>		\$ <u>0</u>	
		\$ <u>0</u>		\$ <u>0</u>	
		\$ <u>0</u>		\$ <u>0</u>	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 11/13/07SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)